# **Nicole Updates**

# **Staffing, New Staff**

Natalie Smith- New UAP Health Program Specialist

### Overview of UAP

Federally funded program since 1999.

Main functions: Surveillance, General Awareness, Promote evidence based programs (EBP), Coordination of agencies as possible

- 22% of Utahns have arthritis 365,000
- 7% in the 18-34 yrs to 57% in the 65 +
- More days of poor health
- 30% said their arthritis affected their work
- More inactive people (25%)
- 35% said their arthritis limited their activities
- Review current projects

Format of UAAC- 2 meetings annually, email communications,

#### New UAAC members

Sabrina Morales- Comunidades Unidas Robin Jensen- PACE leader from Damerand Valley Utah Rebekah Patterson- Spanish Self Help Course Trainer Eugenia Smith- Hispanic/Latino Contact/Healthcare professional

### Purpose of UAAC

- See Bylaws
- To provide an umbrella group to guide arthritis efforts in Utah.
- Each have own agenda and needs
- Environment for information sharing and connecting/partnering.
- Some larger group projects, avenue for smaller projects in working groups or externally.

# **Supplemental Grant Application**

\*\*UPDATE: We did not get funding, NACDD will be sending comments on the applications shortly. They did say that we scored high.

NACDD Senior Grant. Program Grant submitted May 12, 2006 *The intent of this proposal is twofold:* 

- 1. Introduce Arthritis Foundation Exercise Program (AFEP) to the Hispanic/Latino Population in Midvale City, Utah.
- 2. Add the AFEP in senior centers already offering the Arthritis Foundation Self Help Program in rural Washington County, Utah.

**Partners:** SWPHD, AF, Senior Centers, Five County Area Agency on Aging, Utah Division of Aging and Adult Services

# **Grant Progress**

CDC grant submitted March 2006, funding until Sept 30, 2008.

## • Sample of Objectives

• Surveillance, Awareness, EBP expansion, Minority communities, Partnerships, State plan revision.

One more non-competitive continuation grant proposal due February 2007 Competitive grant due February 2008

Measurement going to be based heavily on enrollment into Evidence based programs.

### **Evidence Based Programs Tool Box**

Recommendations from the Centers for Disease Control (CDC)

Guideline: Efforts in at least 2 of the categories

# **Health Communications: (2)**

Physical Activity: The Arthritis Pain Reliever (English & Spanish Version)

# Physical Activity (3)

Arthritis Foundation Exercise Program (AFEP) Arthritis Foundation Aquatics Program (AFAP) Enhanced Fitness

# Self –Management (2)

Arthritis Foundation Self Help Program Chronic Disease Self Help Program

### **Randy Tanner:**

Since this group last met our program has published several documents.

Three documents to highlight, which are included in your packet.

- The first is the Hispanic Report, which compares the impact of arthritis among Hispanic/Latino and non-Hispanic/Latino White adults in Utah. The Hispanic/Latino data were gathered using the 2001 Hispanic Health Survey and non-Hispanic/Latino White data were gathered using the 2001 BRFSS Survey.
- The Local Health District Report, which describes arthritis prevalence in Utah's 12 local health districts using combined data from the 2002 and 2003 Behavioral Risk Factor Surveillance System (BRFSS) surveys.
- The 2005 Utah Arthritis Report, which describes the burden of self-reported arthritis in Utah. This is the second comprehensive report describing the burden of arthritis in Utah. The report presents 2002 and 2003 (BRFSS) combined data.

All three reports are available on our website at <a href="http://health.utah.gov/arthritis/">http://health.utah.gov/arthritis/</a>

During this year, we will be publishing the following reports:

- Arthritis Small Area report which is included in your packet. This report will be included as part of a larger report describing the prevalence of chronic conditions and injuries in 61 small areas throughout the state. These small areas were defined using combinations of ZIP codes and counties.
- Our program will also be updating four Indicator Based Information System (IBIS) indicators. The four indicators we have chosen are arthritis prevalence, possible arthritis, arthritis and depression, and arthritis and activity limitation.
- The last project we hope to complete is an update of the burden report using data from the 2005 BRFSS survey.
- An ongoing project will be tracking attendance at the Arthritis Foundations aquatics, exercise, and self-help programs. This is a new requirement of the Centers for Disease Control Arthritis Program and will be used as a way measure the success of our program. Data for the last quarter of 2005 and first quarter of 2006 can be found in your packets.

### **Natalie Smith:**

Natalie coordinates public outreach – arthritis education, awareness and action.

### **TOSH**

Seminars at TOSH have been a very important way for us to increase education, awareness and action. In collaboration with TOSH and the AF, we have coordinated monthly arthritis seminars at TOSH for 3 years. Due to funding limitations, this year we decided to run a week of seminars in May instead of doing a monthly campaign.

- Each seminar was 1.5 hours.
- Educate patients about surgery, physical therapy, nutrition and local resources especially encouraging them to join a local class.
- 95 attendees on May 1 for the knee seminar which was incredible. And 231 participants overall during the week.
- As Nicole mentioned, it's important for us to have people ENROLL in courses since that is what our funding is based on.
- 16 enrolled in the Self-help program to be held at TOSH this May-July.
- Plan to follow up by monitoring class enrollment and to send additional information and resources to those who turned in evaluation forms.

# The latest - Media campaign

• Existing CDC materials – print and audio

The campaign exists of two parts.

- There is a print and a radio campaign.
  - o Both will air in SW Utah and the SLC area
- Both mention the benefits of physical activity as an arthritis pain reliever

Stretch and maximize campaign to take advantage of other opportunities. – Doctors and existing programs

- We want to increase **enrollment** in existing AF programs.
  - o Enrollment is important to CDC funding and the UAP WORK.
  - We added the action component. In addition to general information about arthritis, we've added specific course information.
- In 2002, UAP surveyed **practitioners**. Over 80 said they were interested in partnering with us. We know people with arthritis are likely to do things suggested by their doctors, so we wanted to find a way to remind docs about our programs and to keep in touch with interested practitioners.
- We are planning to evaluate this campaign based on the number of people enrolled in AF exercise classes and contact from the public.

# **Group Updates/Comments:**

#### **Brett Cook:**

- Discussion of Arthritis Walk
  - Brett provided posters for distribution regarding the walk.

#### Lisa Fall:

- May is Arthritis Month
- Arthritis Walk July 8<sup>th</sup> Wheeler Farm.

\*\*UPDATE: The date of the Walk has just been changed to Saturday, October 7. It will still be at Wheeler Farm.

- Information and sign up, at: <u>www.arthritis.org</u>
- Aleve is sponsoring the Arthritis Walk
- Currently running ads with Aleve advertising the arthritis walk

The Arthritis Foundation is currently focused on passing a piece of legislation nationally called, "The Arthritis prevention, control and cure act".

- In the process of securing both house and state representatives to sponsor Senators Orrin Hatch, Robert Bennett and Congressmen Jim Matheson have signed on as co-sponsors
- Nationally there are 55 senators who have signed on as co-sponsors
- 185 House members have signed on as co-sponsors
- The goal is continued federal funding for arthritis programs and research

Would like to encourage members to sign up to be arthritis advocates at www.arthritis.org.

The Arthritis Foundation is in the process of hiring a new staff member to work with the Health Department, for continued partnership and data collections.

\*\*UPDATE: Audrey Willden was hired June 5, 2006

### Leslie Nelson:

- Focusing on exercise in the senior centers and the Spanish speaking communities
- Aquatic classes have been a big success

• Working on projects in locations North of Salt Lake, South of Salt Lake and St. George

### **David Turner:**

With recommendations regarding the PSA's; steer people toward the resources, direct listeners to information, provide phone numbers, self-help class information and or event information with mention of specifics (where, what and when).

#### Kelli Peterson:

Is interested in Natalie Smith speaking and events and is also interested in other resources, presentations, handouts, arthritis 101 etc.

# **Eugenia Smith:**

- Community Health Center
  - Community Health Center week and Health Fair is August 6-12
  - Celebration are being held in all four centers
  - Media coverage
  - Seeking support and information regarding health related issues, arthritis, diabetes etc.

#### **Karin Tatum:**

- Determine the age of callers for Check your Health calls and other requests for information
- Provide information packets directed to young adults with arthritis

#### **Grid Discussion:**

- Beginnings of a State Plan created by group last year with Richard Bullough as Manager
- What is a State Plan? Plan created by a group of invested agencies with common goals to provide a road map, so to speak for arthritis efforts. Not everything is on the map, and there are things that come up along the way
- Two sections
  - Awareness
    - General
    - Clinical
  - Self Management Participation and Promotion
    - Older
    - Younger
    - Rural
    - Minority Populations

### **Facilitated small group discussion:**

### **Breakout session group one:**

# What makes a successful work group:

- Clearly defined goals
- Consistent meetings and communication
- Need a good facilitator
- Minutes provided/distributed in a timely manner
- Minutes should include assignments
- Would like to get timelines with minutes
- Assign projects
- Follow up and reminders for meetings and assignments given
- Would like a call or email between meetings with 1) date of next meeting and 2) assignments
- Goals accomplished
- Accountability
- Members must have an interest in the meeting and its purpose
- Make the projects relevant to board members

### What doesn't work:

- Size (to small or to large is a negative)
- Everyone coming to the table with their own agenda
- Frequency of meeting or lack of meetings
- Lack of accountability
- What is the purpose of the meeting??
- Goals of meeting not clearly defined

# **Acceptable forms of communicating:**

- Face to face meetings are a must
- Video conference
- E-mail
- Blog (perhaps attached to board web page)
- Conference call

### Who should be involved in developing the state plan:

- Advisory members
- Primary care physicians
- A member of Healthy Utah
- Rehabilitation centers

# What is the best method to develop plan:

- Break up into smaller groups
- Meet every 2-3 weeks
- Assign projects

• Web based or hard copy print out for review

# How involved do you want to be:

- Depends on what is being asked of each member?
- What is the plan?
- How time consuming?
- What are the long-term goals and short-term goals?
- Have a plan and get it done with as few steps as possible less talk.

Dr. Sawitzke – will do edits, wants DOH guidelines Cindy Murphy – wants to do hands on project